



Commonwealth of Massachusetts  
Group Insurance Commission

*Your  
Benefits  
Connection*

**2015-2016**

FOR COMMONWEALTH OF MASSACHUSETTS  
**EMPLOYEES**  
AND NON-MEDICARE  
RETIREES & SURVIVORS

**Benefits Effective  
July 1, 2015**



GIC HEALTH PLANS  
**BENEFITS AT-A-GLANCE**

# TAKE CHARGE OF YOUR HEALTH; Lower Your Out-of-Pocket Costs

We encourage you to take charge of your health and avail yourself to ways of lowering your out-of-pocket costs:

- **Work with your Primary Care Provider (PCP)** to navigate the health care system.
- **Seek care from Tier 1 and Tier 2 specialists.** Over 164 million claims have been analyzed for differences in how physicians perform on nationally recognized measures of quality and/or cost efficiency. You pay the lowest copay for the highest-performing doctors:
  - ★★★ Tier 1 (excellent)
  - ★★ Tier 2 (good)
  - ★ Tier 3 (standard)
- If you are in a tiered hospital plan and have a planned hospital admission, talk with your doctor about whether a **Tier 1 hospital** would make sense.
- Use **urgent care facilities and retail minute clinics** instead of the emergency room for urgent (non-emergency) care.
- Make copies and **bring the prescription drug formulary** from your plan's website with you to all doctor visits.
- **Use your health plan's online cost comparison tool** to shop for health care services in advance.
- Consider **enrolling in a Limited Network Plan** to save money on your monthly premium.

- Read about ways to **take charge of your health**; the GIC's website has a wealth of articles and links to additional resources: [www.mass.gov/gic/yourhealth](http://www.mass.gov/gic/yourhealth).
- **Eat healthy, exercise regularly, don't smoke, and find ways to de-stress.**



Limited network plans help address differences in provider costs. You will enjoy **the same benefits** as the wider network plans, but will save money because limited network plans have a smaller network of providers (fewer doctors and hospitals). Your savings depend on:

- The plan you are switching from,
- The plan you select,
- Your premium contribution percentage, and
- Whether you have individual or family coverage.

For example, if you pay 25% of the premium and have individual coverage, by enrolling in a limited network plan instead of a wide network plan, you will **save, on average, \$50 per month and \$600 per year.**



**A GIC Limited Network Plan. Compare the rates of these plans with the other options and see how much you will save every month!** Find out if your hospital is in a GIC limited network plan with the side-by-side comparison of the GIC's limited network plans. Rates and the limited network hospital grid are located on the GIC's website: [www.mass.gov/gic/bdgs](http://www.mass.gov/gic/bdgs).

For more information about specific plan benefits, contact the plan.

HEALTH INSURANCE		
<b>Fallon Health</b> Direct Care Select Care	1.866.344.4442	<a href="http://www.fallonhealth.org/gic">www.fallonhealth.org/gic</a>
<b>Harvard Pilgrim Health Care</b> Independence Plan Primary Choice Plan	1.800.542.1499	<a href="http://www.harvardpilgrim.org/gic">www.harvardpilgrim.org/gic</a>
<b>Health New England</b>	1.800.842.4464	<a href="http://www.hne.com/gic">www.hne.com/gic</a>
<b>Neighborhood Health Plan</b> NHP Prime	1.866.567.9175	<a href="http://www.nhp.org/gic">www.nhp.org/gic</a>
<b>Tufts Health Plan</b> Navigator Spirit • Mental Health/Substance Abuse and EAP (Beacon Health Options)	1.800.870.9488  1.855.750.8980	<a href="http://www.tuftshealthplan.com/gic">www.tuftshealthplan.com/gic</a>  <a href="http://www.beaconhs.com/gic">www.beaconhs.com/gic</a>
<b>UniCare State Indemnity Plan/</b> Basic Community Choice PLUS  <i>For all UniCare Plans</i> • Prescription Drugs (CVS/caremark) • Mental Health/Substance Abuse and EAP (Beacon Health Options)	1.800.442.9300    1.877.876.7214 1.855.750.8980	<a href="http://www.unicarestateplan.com">www.unicarestateplan.com</a>    <a href="http://www.caremark.com/gic">www.caremark.com/gic</a> <a href="http://www.beaconhs.com/gic">www.beaconhs.com/gic</a>

# BENEFITS AT-A-GLANCE

## Health Plan Copays and Deductibles

This chart is a comparative overview of GIC plan benefits. See the corresponding Plan Navigator, and UniCare State Indemnity Plan/Community Choice and PLU. With the exception of emergency care, there are no out-of-network benefits for

HEALTH PLAN	FALLON HEALTH DIRECT CARE	FALLON HEALTH SELECT CARE	HARVARD PILGRIM INDEPENDENCE PLAN	HARVARD PILGRIM PRIMARY CHOICE PLAN
PLAN TYPE	HMO	HMO	POS	HMO
PCP Designation Required	Yes	Yes	Yes	Yes
PCP Referral to Specialist Required	Yes	Yes	Yes	Yes
Out-of-pocket Maximum				
Individual coverage	\$5,000	\$5,000	\$5,000	\$5,000
Family coverage	\$10,000	\$10,000	\$10,000	\$10,000
Calendar Year Deductible				
Individual	\$300	\$300	\$300	\$300
Two-person family	\$600	\$600	\$600	\$600
Three- or more person family	\$900	\$900	\$900	\$900
Primary Care Provider Office Visit	\$15 per visit	\$20 per visit	\$20 per visit	\$20 per visit
Preventive Services	Most covered at 100% – no copay	Most covered at 100% – no copay	Most covered at 100% – no copay	Most covered at 100% – no copay
Specialist Physician Office Visit				
★★★ Tier 1 (excellent)	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit
★★ Tier 2 (good)	\$60 per visit	\$60 per visit	\$60 per visit	\$60 per visit
★ Tier 3 (standard)	\$90 per visit	\$90 per visit	\$90 per visit	\$90 per visit
Retail Clinic	\$15 per visit	\$20 per visit	\$20 per visit	\$20 per visit
Outpatient Mental Health & Substance Abuse Care	\$15 per visit	\$20 per visit	\$20 per visit	\$20 per visit
Emergency Room Care	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)
Inpatient Hospital Care – Medical				
Tier 1	\$275 per admission with no tiering	\$275 per admission	\$275 per admission	\$275 per admission
Tier 2		\$500 per admission	\$500 per admission	\$500 per admission
Tier 3		\$1,500 per admission	\$1,500 per admission	No Tier 3
Outpatient Surgery				
	\$250 per occurrence	\$250 per occurrence	\$250 per occurrence	\$250 per occurrence
High-Tech Imaging (e.g., MRI, CT and PET scans)	\$100 per scan	\$100 per scan	\$100 per scan	\$100 per scan
Prescription Drug				
Retail: up to a 30-day supply				
Tier 1	\$10	\$10	\$10	\$10
Tier 2	\$30	\$30	\$30	\$30
Tier 3	\$65	\$65	\$65	\$65
Mail-order: Maintenance drugs – up to a 90-day supply				
Tier 1	\$25	\$25	\$25	\$25
Tier 2	\$75	\$75	\$75	\$75
Tier 3	\$165	\$165	\$165	\$165

Out-of-pocket maximums apply to medical and mental health benefits across all health plans. Prescription drug (Rx) benefits are included in the out-of-pocket maximum.

Find an overview of the benefits for each plan for more information. Benefits described below for the Harvard Pilgrim Independence Plan, Tufts Health Plan and Tufts Health Plan US are **in-network** benefits with PCP referral where required. These plans also offer out-of-network benefits with higher out-of-pocket costs. For the GIC's EPO and HMOs. For providers, benefit details, exclusions, and limitations, see the plan handbook or contact the individual plan.

HEALTH NEW ENGLAND	NHP PRIME <i>(Neighborhood Health Plan)</i>	TUFTS HEALTH PLAN NAVIGATOR	TUFTS HEALTH PLAN SPIRIT	UNICARE STATE INDEMNITY PLAN/ BASIC WITH CIC <i>(Comprehensive)</i> <i>Without CIC, deductibles are higher and coverage is only 80% for some services. Contact the plan for details.</i>
HMO	HMO	POS	EPO (HMO-TYPE)	INDEMNITY
Yes	Yes	Yes	No	No
No	Yes	Yes	No	No
\$5,000 \$10,000	\$5,000 \$10,000	\$5,000 \$10,000	\$5,000 \$10,000	\$4,000 medical and mental health/\$1,500 Rx \$8,000 medical and mental health/\$3,000 Rx
\$300 \$600 \$900	\$300 \$600 \$900	\$300 \$600 \$900	\$300 \$600 \$900	\$300 \$600 \$900
\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
Most covered at 100% – no copay	Most covered at 100% – no copay	Most covered at 100% – no copay	Most covered at 100% – no copay	Most covered at 100% – no copay
\$30 per visit \$60 per visit \$90 per visit	\$30 per visit \$60 per visit \$90 per visit	\$30 per visit \$60 per visit \$90 per visit	\$30 per visit \$60 per visit \$90 per visit	\$30 per visit \$60 per visit \$90 per visit
\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
\$100 per visit <i>(waived if admitted)</i>	\$100 per visit <i>(waived if admitted)</i>	\$100 per visit <i>(waived if admitted)</i>	\$100 per visit <i>(waived if admitted)</i>	\$100 per visit <i>(waived if admitted)</i>
Maximum one copay per person per calendar year quarter. Waived if readmitted within 30 days in the same calendar year.				
\$275 per admission with no tiering	\$275 per admission with no tiering	\$275 per admission \$500 per admission \$1,500 per admission	\$300 per admission \$700 per admission No Tier 3	\$275 per admission with no tiering
Maximum one copay per calendar quarter or four per year, depending on plan. Contact the plan for details.				
\$250 per occurrence	\$250 per occurrence	\$250 per occurrence	\$250 per occurrence	\$250 per occurrence
Maximum one copay per day. Contact the plan for details.				
\$100 per scan	\$100 per scan	\$100 per scan	\$100 per scan	\$100 per scan
\$10 \$30 \$65	\$10 \$30 \$65	\$10 \$30 \$65	\$10 \$30 \$65	\$10 \$30 \$65
\$25 \$75 \$165	\$25 \$75 \$165	\$25 \$75 \$165	\$25 \$75 \$165	\$25 \$75 \$165

Out-of-pocket maximums in all health plans except UniCare, which has one out-of-pocket maximum for medical & mental health and a separate maximum for prescription drugs.

The amounts and terms that appear in bold in this chart are benefits that have changed effective July 1, 2015.

UNICARE STATE INDEMNITY PLAN/ COMMUNITY CHOICE	UNICARE STATE INDEMNITY PLAN/PLUS
PPO-TYPE	PPO-TYPE
No	No
No	No
\$4,000 medical and mental health/\$1,500 Rx \$8,000 medical and mental health/\$3,000 Rx	\$4,000 medical and mental health/\$1,500 Rx \$8,000 medical and mental health/\$3,000 Rx
\$300 \$600 \$900	\$300 \$600 \$900
\$20 per visit	\$15 per visit for Centered Care PCPs; \$20 per visit for other PCPs
Most covered at 100% – no copay	Most covered at 100% – no copay
\$30 per visit \$60 per visit \$90 per visit	\$30 per visit \$60 per visit \$90 per visit
\$20 per visit	\$20 per visit
\$20 per visit	\$20 per visit
\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)
\$275 per admission with no tiering	\$275 per admission \$500 per admission \$1,500 per admission
\$110 per occurrence	Tier 1 and Tier 2: \$110 per occurrence; Tier 3: \$250 per occurrence
\$100 per scan	\$100 per scan
\$10 \$30 \$65	\$10 \$30 \$65
\$25 \$75 \$165	\$25 \$75 \$165

**Mark the Date!**  
Forms are Due Wednesday,  
May 6 for Changes  
Effective July 1, 2015

- **Current active state and municipal employees:**  
Return completed forms to your GIC Coordinator.
- **Employees and Non-Medicare retirees/survivors joining GIC coverage July 1:**  
Return completed forms and required documentation to your GIC Coordinator.
- **Current Non-Medicare retirees and survivors:**  
Send completed Retiree/Survivor Enrollment/Change form or written request to the GIC.

# ANNUAL ENROLLMENT: APRIL 8 – MAY 6, 2015

## Do Your Homework During Annual Enrollment – Even if You Want to Stay in the Same Plan

- Where you live determines which plan(s) you may enroll in. See the locator map below to see which health plans are available in your area.
- See your **GIC Benefit Decision Guide** for additional eligibility details, benefit information, rates, and factors to consider when choosing a health plan.
- Contact the health plans you are considering to find out:
  - Whether your doctors and hospitals are in the network

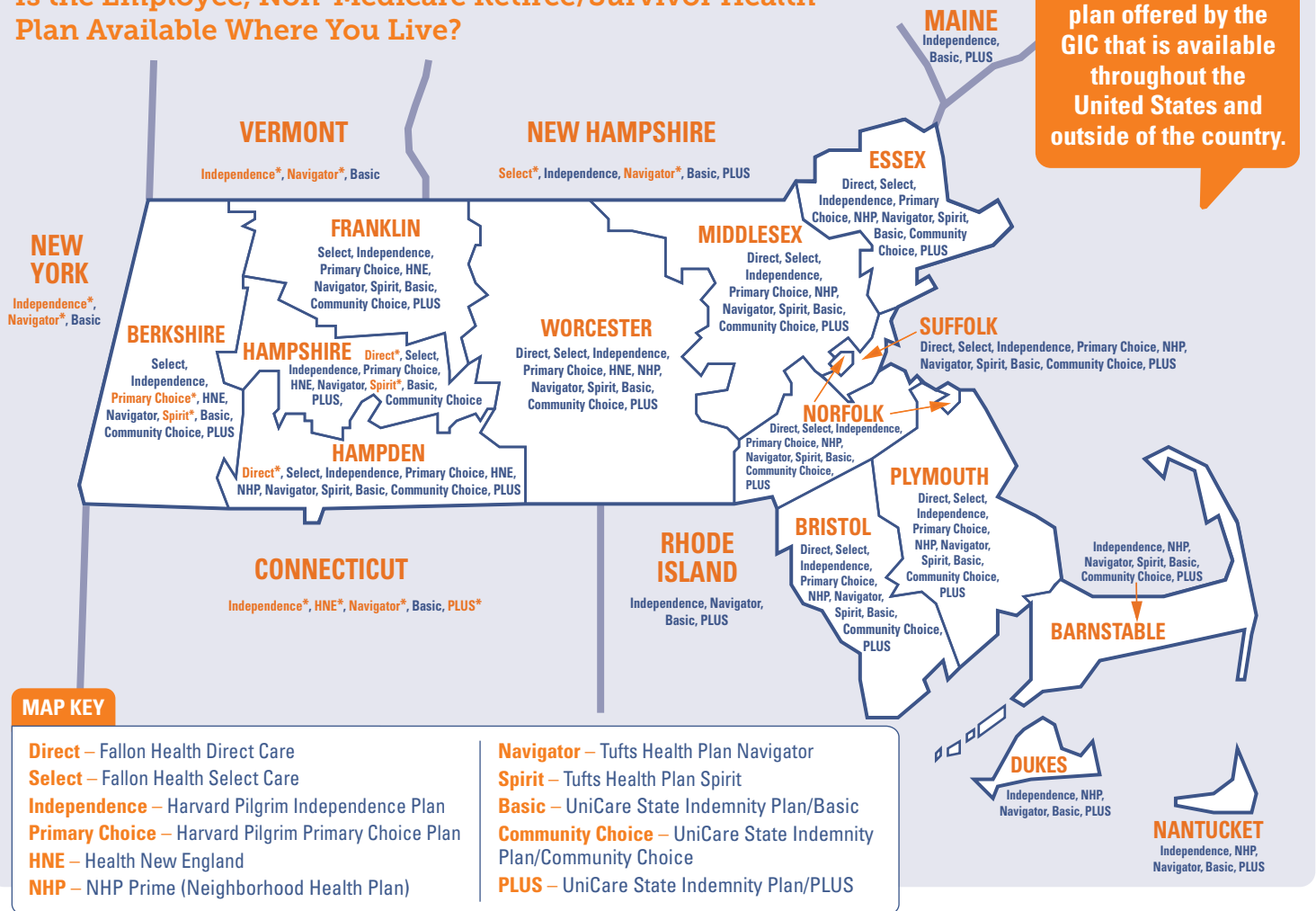
(Note: Be sure to specify the health plan's *full* name, such as "Harvard Pilgrim *Primary Choice Plan*" or "Harvard Pilgrim *Independence Plan*," not just "Harvard Pilgrim."); and

- Which copay tiers your specialists and hospitals are in.
- See the GIC's website ([www.mass.gov/gic](http://www.mass.gov/gic)) for additional information.



**Keep in mind that even if your doctor or hospital leaves your health plan's network during the year, you *must* stay in the plan until the next annual enrollment. In the meantime, your health plan will help you find another provider.**

## Where You Live Determines Which Plan You May Enroll In. Is the Employee, Non-Medicare Retiree/Survivor Health Plan Available Where You Live?



\* Not every city and town is covered in this county or state; contact the plan to find out if you live in the service area. The plan also has a limited network of providers in this county or state; contact the plan to find out which doctors and hospitals participate in the plan.